

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002120

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AMENDED

Registration District No. 149

JAN 25 1962

Primary Registration District No. 1002

Registrar's No.

229

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>11 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1100 E 9</u>		d. STREET ADDRESS (If outside, give location) <u>1100 E 9</u>	
3. NAME OF DECEASED (Type or print) First <u>ERNEST</u> Middle <u>C</u> Last <u>WHEELBARGER</u>		4. DATE OF DEATH Month <u>1</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-1906</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and state or country) <u>Kale, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ellie Wheelbarger</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Burton</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie R</u>		Address <u>1100 E 9</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW2</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mattie R. Wheelbarger</u>		Address <u>1100 E 9</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 hr</u> <u>1 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. Month, Day, Year <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>3:26 PM</u> to <u>1-13-62</u> and last saw him alive on <u>1-13-62</u>		Death occurred at <u>3:26 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John T. Skinner MD</u>		22b. ADDRESS <u>1107 Grand 952 MO</u>	
22c. DATE SIGNED <u>1-14-62</u>		23a. BUPTAL CREATION, REMOVAL (Specify)	
23b. DATE <u>1-14-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Cem</u>	
23d. LOCATION (City, town, or county) (State) <u>Phillipcathe, MO</u>		24. FUNERAL DIRECTOR ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>1-14-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

BY AFFIDAVIT OF Mattie Lucille Wheelbarger (wife)

MEDICAL CERTIFICATION

T. Skinner

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

1-23-1962

None

542-05-5499

1-23-1962

Rest Haven

Edgewood

Dr. G. L. Linner 3:17 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. B. Passantino

Licensed Embalmer No. 4554

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.